CLAIM FOR REIMBURSEMENT FOR EXPENDITURES			I. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE			2. VOUCHER NUMBER				
		FICIAL BUSINESS					3. SCHEDULE NUMBER			
		Pood the Privacy Act	L Statement on the back of th	nic form		5. PAID BY				
A la NAM	F /l act	first, middle initial)	Statement on the back of th	5 10						
4. a. NAM	L (Lasi, i	inst, muule illiuar)		b. SOCIAL SECURITY NO.						
E MAII	ING ADD	DRESS (Include ZIP Code)	L OFFICE TELEPHONE NUMBER							
C. MAIL	ING ADL	INCSS (Illulude 211 Code)		d. OFFICE TELEPHONE NUMBER						
6. EXPEN	NDITU	RES (If fare claimed in col. (g) of claimant.)	exceeds charge for one per	rson, show in col. (h) t	he number o	f additional pe	ersons which	accomp	anied the	
DATE		Show appropriate code in col. (b):		MILEAGE AMOUNT CLAIMED						
19	COD	A - Local travelB - Telephone or telegraph, oC - Other expenses (itemized)		RATE	MILEAGE	FARE	ADD PER-	TIPS AND MISCEL-		
	(Explain expenditures in specification of the control of the contr		expenditures in specific detail.)	pecific detail.)			OR TOLL	SONS	LANEOUS	
(a)	(b) (c) FROM		(0	d) TO	MILES (e)	(f)	(g)	(h)	(h) (i)	
									<u> </u>	
If additional space is required continue on the back. SUBTOTALS CARRIE BACK				D FORWARD FROM THE						
7. AMOU	NT CL	AIMED (Total of cols. (f), (g) ar	nd (i).)	TOTALS						
 This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).) 				10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. Sign Original Only						
Sign Original Only				CLAIMANT						
			SIGN HERE							
			11. CASH PAYMENT RECEIPT							
APPROVING OFFICIAL SIGN HERE			a. PAYEE (Signature) b. DATE RECEIVED							
9. This claim is certified correct and proper for payment. Sign Original Only				c. AMOUNT						
AUTHORIZEI CERTIFYING OFFICER SIGN HERE		Sign Onginal Only	DATE	12. PAYMENT MADE BY CHECK NO.						

OFFICER SIGN HERE
ACCOUNTING CLASSIFICATION